

Lower Clinical Priority Policy

Cosmetic/Aesthetic Procedures

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Cosmetic/Aesthetic procedures (undertaken exclusively to improve appearance) are a low priority treatment. They will only be commissioned by the NHS on an exceptional case basis. Funding for treatment is by Prior Approval – applications should be made to the Exceptional Cases Panel using the referral proforma.

Cosmetic/ Aesthetic treatments are intended to change aspects of a person's appearance. There is insufficient evidence to support cosmetic procedures as an appropriate treatment for psychological distress such as low self-esteem or depression (see references 1-3). The Exceptional Cases Panel will use the criteria in this policy as a guide only. The decision whether to approve an application for non-urgent cosmetic/aesthetic procedures will be based on the criteria outlined in the Exceptional and Individual Funding Request Policy. Referring patients for treatments that can only be funded in exceptional circumstances may raise false expectations. The requesting clinician has to demonstrate exceptional circumstances in that there must be 'some unusual or unique factor about the patient's clinical circumstances which suggests that the presentation/effect of the condition in the patient differs significantly from that found in the general population of patients with the condition and as a result the patient is likely to gain significantly more benefit from that treatment than might generally be expected for these patients'. Where a procedure is needed for clinical reasons as part of a treatment package, this does not come under this policy.

Factors such as gender, ethnicity, age, or other social factors such as occupation or parenthood are not normally considered (on grounds of equality and equity).

BMI

Aesthetic treatments will normally only be considered in patients with BMI in the range 18 to 27kg/m², unless weight is not a relevant factor.

NHS C&P (ICB) expects that multiple procedures (if required) for the same patient are carried out within a single episode of care (e.g. breast augmentation for two breasts, breast augmentation and mastopexy, removal of breast implants and replacement, etc).

Breast Procedures

Breast Augmentation/Enlargement (Augmentation Mammoplasty)

Not routinely funded.

Exception may be made for breast reconstruction following trauma or disease, including repair following post-breast cancer surgery, and for absence of clinically palpable breast tissue.

Revision of Breast Augmentation

Not routinely funded.

Removal of implants may be funded in cases where there is a clinical need to remove them as assessed by the surgeon, e.g. there is capsular contracture, rupture or suspicion of breast implant-associated Anaplastic Large Cell lymphoma (BIA-ALCL).

Breast Lift (Mastopexy)

Not routinely funded.

Female Breast Reduction (Reduction Mammoplasty):

Not routinely funded.

Funding may be considered when a detailed application is made for patients who present with significant musculoskeletal pain considered to be due to breast size. Patients experiencing severe daily pain maybe be considered exceptional where:

- Pain is not controlled by regular analgesia; **AND**
- They have used professionally fitted brassieres (bra); **AND**
- In cases of thoracic/shoulder girdle discomfort, they have undergone at least 3 months of physiotherapy; **AND**
- A breast surgeon considers that at least 500g of breast tissue would be removed from each breast in a breast reduction. Only patients aged over 21 years, with BMI < 27 kg/m² and non-smokers (for > 6 months) are likely to be considered. Patients should be informed of the risks of surgery, including permanent loss of lactation. Breast reduction for asymmetry (unless total absence of breast tissue) is not routinely funded.

Male Breast Reduction for Gynaecomastia

Not routinely funded.

Breast reduction for iatrogenic or endocrine causes, e.g. patients with prostate cancer on hormone or cimetidine treatment, may be considered exceptional.

Nipple Inversion

Not routinely funded.

Body Contouring Procedures

Abdominoplasty (Apronectomy or Tummy Tuck)

Not routinely funded.

Exceptional funding may be considered in patients who have lost at least 10 points on BMI and whose current BMI is between 18 and 27 kg/m². The patient should have maintained this weight loss for at least 24 months **AND** be suffering from severe problems including:

- Recurrent severe intertrigo beneath the skin fold requiring repeated treatment (please provide details in the application), **OR**
- Experiencing severe difficulties with daily living, i.e. ambulatory restrictions; **OR**
- Problems associated with poorly fitting stoma bags.

Labiaplasty

Not routinely funded. Requests for labiaplasty that are secondary to other medical conditions such as cancer, or congenital malformations, or as part of reconstruction following trauma, may be considered exceptional.

Liposuction

Not routinely funded.

Exceptional funding may be considered for treatments of diabetic injection sites, post-traumatic disfigurement, extravasations of chemotherapy and for contouring areas of localised fat atrophy.

Other Skin Excisions for Contour, e.g. Buttock Lift, Thigh Lift, Arm Lift

Not routinely funded.

Facial Procedures

Face Lift

Not routinely funded.

Blepharoplasty and Brow Lift

See Eyelid and Brow Surgery policy.

Pinnaplasty/Otoplasty

Not routinely funded.

Rhinoplasty

Not routinely funded. See Nasal Surgery for Obstruction or Deformity policy.

Skin Procedures

Scar Revision

Not routinely funded.

Scar revision will only be considered after 2 years (to allow completion of the natural healing process) where one of the following criteria are met:

- Scars that interfere with function following burns trauma, **OR**
- Serious scarring of the face - scars that are ragged and more than 2cm in length, **OR**
- Severe post-surgical scarring interfering with activities of daily living.

Keloid Scars

Funding will only be considered for keloid scars on the face and where evidence is presented of:

- Significant pain or pruritus (itching); **OR**
- Physical disability due to contraction, tethering or recurrent breakdown.

Funding will not be available for keloid scars secondary to body piercing procedures.

Tattoo Removal

Not routinely funded.

Exceptional funding may be considered in the following cases:

- The tattoo is the result of trauma, inflicted against the patient's will ('rape tattoo'); **OR**
- The patient was not Gillick competent and, therefore, not responsible for their actions at the time of the tattooing.

Smoking

Patients who smoke should be advised to attempt to stop smoking - see [stop smoking policy](#).

Rationale and Evidence

Cosmetic procedures are not routinely provided on the NHS. The areas targeted for cosmetic procedures continue to function normally despite their lack of aesthetic appeal. In contrast, plastic surgery focuses on repairing and reconstructing aberrant structures of the body caused by developmental abnormalities, trauma, infection, tumours, or disease (see references 1). Psychiatric disorders are more prevalent in individuals who undergo cosmetic procedures than in the general population. To prevent unwarranted surgical interventions and manage psychiatric comorbidities, evaluations for these disorders are essential (see references 2 and 3). The high incidence of Body Dysmorphic Disorder (BDD) among individuals seeking rhinoplasty warrants the implementation of effective management and intervention strategies aimed at mitigating its impact (see reference 4). The current body of literature on breast reduction surgery is limited in terms of high-quality studies that comprehensively evaluate its outcomes. The potential psychological and physical benefits of breast reduction surgery for women remain uncertain (see reference 5).

There is insufficient evidence to support any female genital cosmetic surgery or procedure to improve sexual satisfaction or self-image. For women who present with requests for vaginal cosmetic procedures, a complete medical, sexual, and gynaecological history must be obtained, and the absence of any major sexual or psychological dysfunction, including body dysmorphic disorder, should be ascertained. Any possibility of coercion or exploitation must also be ruled out (see reference 6). The current body of research does not provide adequate evidence to either confirm or deny the efficacy of laser therapy as a treatment option for hypertrophic and keloid scars.

Priority

Low priority treatment.

Glossary

BMI:	Body Mass Index provides objective criteria of size to enable an estimation to be made of an individual's level or risk of morbidity and mortality. The BMI is calculated by dividing a person's weight (in kilograms) by the square of their height (in meters). $BMI = Wt/Ht^2$.
Endocrine:	The endocrine glands are organs whose function is to secrete into the blood or lymph substances known as hormones. Examples of chief endocrine glands are adrenal glands, ovaries and testicles, pancreas, pituitary gland, etc.
Extravasation:	An escape of fluid from the vessels or passages which ought to contain it.
Gillick Competent:	When deciding whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

Intertrigo:	Inflammation between two skin surfaces in contact. Secondary fungal or bacterial infection is common.
Keloid Scar:	Hard lumpy nodule of the skin due to over-growth of fibrous tissue in the dermis. It usually follows surgical or accidental trauma or burns.
Palsy:	Or paralysis, means loss of muscular power due to interference with the nervous system.

References

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3. Brunton G, Paraskeva N, Caird J, Bird KS, Kavanagh J, Kwan I, et al. Psychosocial predictors, assessment, and outcomes of cosmetic procedures: a systematic rapid evidence assessment. *Aesthetic Plast Surg.* 2014 Sep 25;38(5):1030–40.
4. AlAwadh I, Bogari A, Azhar T, AlTaylouni N, AlSughier N, AlKarzae M, et al. Prevalence of Body Dysmorphic Disorder Among Rhinoplasty Candidates: A Systematic Review. *Ear Nose Throat J.* 2021.
5. Widmark-Jensen E, Bernhardsson S, Eriksson M, Hallberg H, Jepsen C, Jivegård L, et al. A systematic review and meta-analysis of risks and benefits with breast reduction in the public healthcare system: priorities for further research. *BMC Surg.* 2021 Dec 1;21(1).
6. Shaw D, Allen L, Chan C, Kives S, Popadiuk C, Robertson D, et al. Guideline No. 423: Female Genital Cosmetic Surgery and Procedures. *J Obstet Gynaecol Canada.* 2022 Feb 1;44(2):204-214.e1.

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